# GHAPP

Gastroenterology & Hepatology
Advanced Practice Providers

## 2021 Fourth Annual National Conference

## September 9-11, 2021

Red Rock Hotel – Las Vegas, NV

Annenberg Center For Health Sciences at Eisenhower
*Imparting knowledge. Improving patient care.*

Jointly provided by the Annenberg Center for Health Sciences at Eisenhower and Gastroenterology and Hepatology Advanced Practice Providers.

GHAPP
Gastroenterology & Hepatology Advanced Practice Providers

GHAPP
Gastroenterology & Hepatology
Advanced Practice Providers

# Diagnosis & Management of Fecal Incontinence: Obstetric Injury & Defecation Issues

Susan T. Wolgamott, DNP, FNP-C, CTN-B
Digestive Health Center of Michigan
Clinical Research Institute of Michigan
Chesterfield, Michigan

# Disclosures

All individuals involved in control of the content of continuing education activities provided by the Annenberg Center for Health Sciences at Eisenhower are required to disclose to the audience any real or apparent commercial financial affiliations related to the content of the presentation or enduring material. Full disclosure of all commercial relationships must be made in writing to the audience prior to the activity. All staff at the Annenberg Center for Health Sciences at Eisenhower and Gastroenterology and Hepatology Advanced Practice Providers have no relationships to disclose.

# Disclosures

**Susan T Wolgamott, DNP, FNP-C, CTN-B**

| | |
|---|---|
| Speakers Bureau: | AbbVie, Clinical Area- IBD, EPI, IBS-D, IBS-C, CIC |
| Speakers Bureau: | Salix, Clinical Area- IBS-D IBS-C, CIC, HE |
| Speakers Bureau: | Nestle, Clinical Area- EPI |
| Speakers Bureau: | BMS, Clinical Area- IBD |
| Speakers Bureau: | QOL, Clinical Area- CSID |
| Consulting: | BMS, Clinical Area – IBD |
| Consulting: | Salix, Clinical Area – HE, IBS-D, CIC, IBS-C |
| Consulting: | Nestle, Clinical Area- EPI |
| Consulting: | QOL, Clinical Area- CSID |

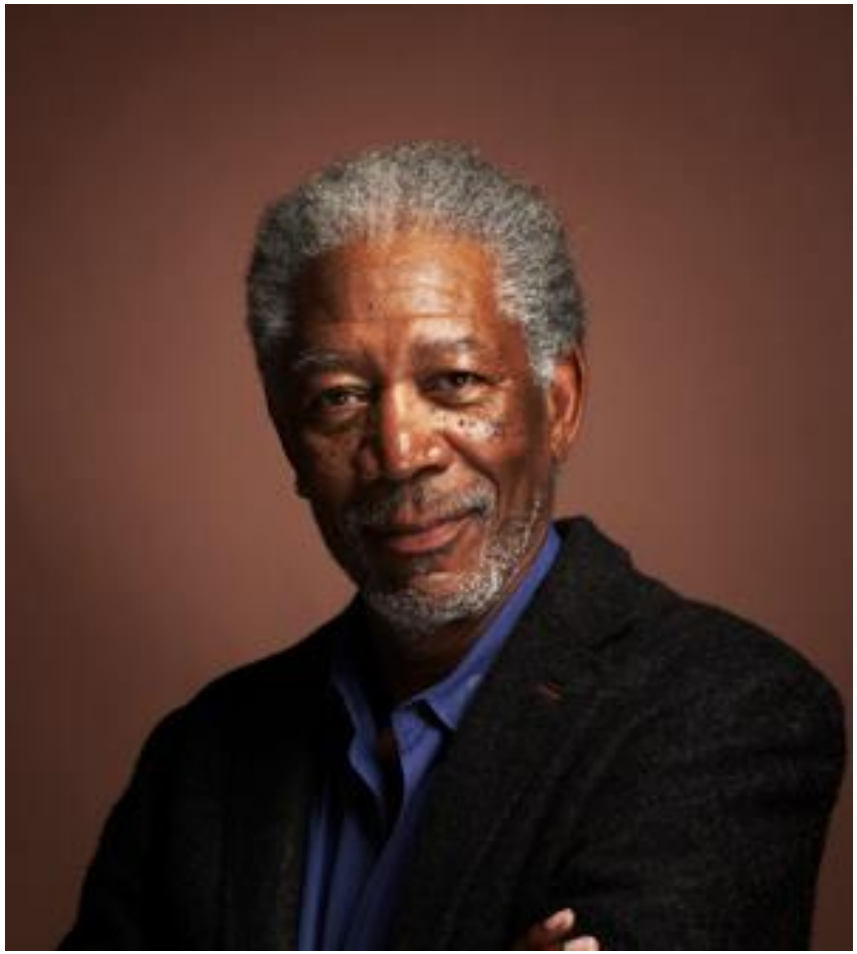
# Disclosures

**Susan T Wolgamott, DNP, FNP-C, CTN-B**

Sub-Investigator: Clinical Research Institute of Michigan, Clinical Area – IBD, IBS-D, IBS-C, CIC, chronic pancreatitis, gastroparesis, GERD, EoE, colonoscopy prep, NASH, cirrhosis, HE, Celiac disease, genetic studies, primary care studies, alopecia areata

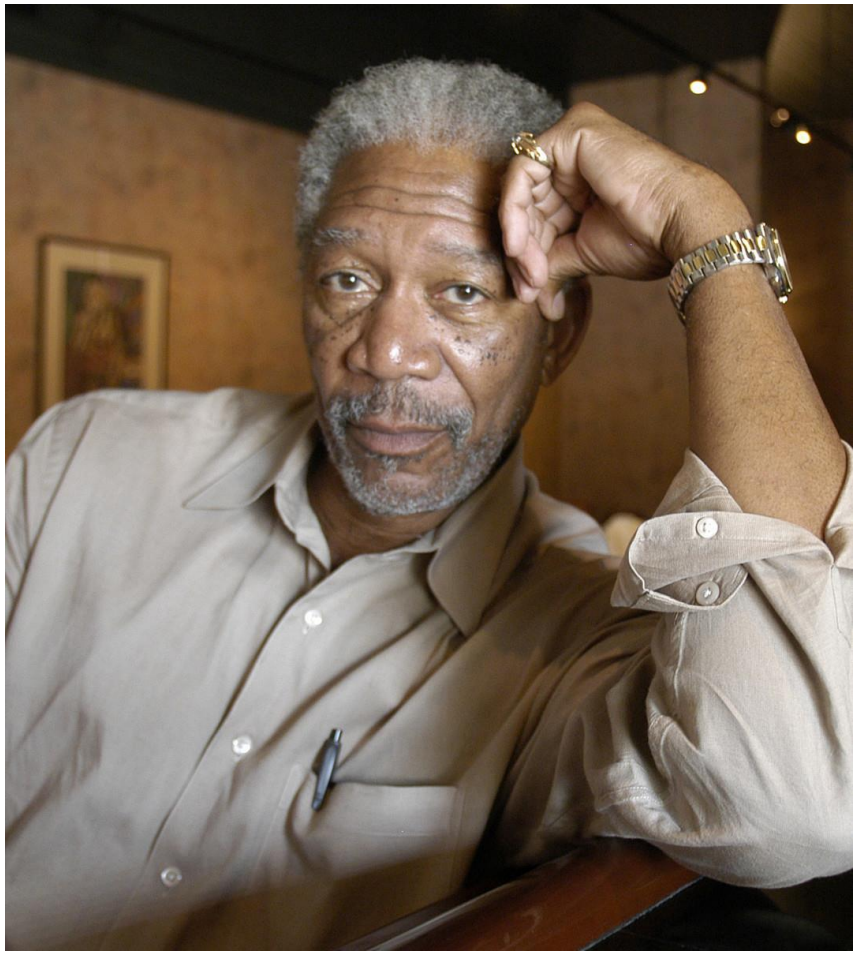
# Red, 32 Year Old AA Male

- CC: Abdominal pain
- HPI: Three month hx of R and LUQ abdominal pain, sharp/stabbing, bloating and new constipation. He has tried multiple OTC remedies, but they all cause diarrhea and incontinence. He is unable to pass hard stool without significant straining and/or manual disimpaction



# Red, 32 Year Old AA Male

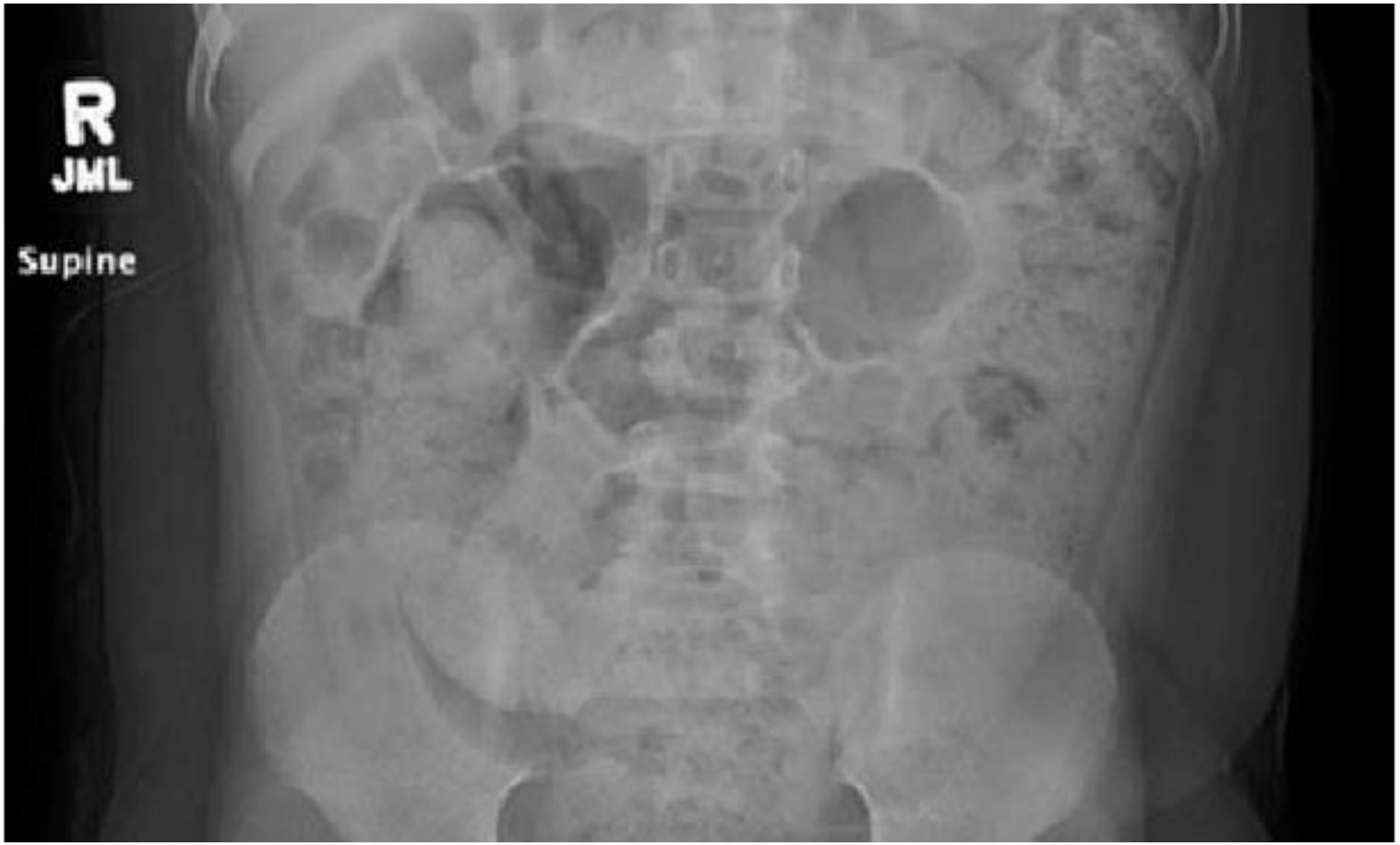
- ROS:
  - No history of bowel obstruction or bowel surgeries.
  - No FHx of CRC or IBD
  - Mild essential HTN
  - Type I DM x 10 years. Last A1c 10.4. Complications of his DM include:
    - Recent CVA (no residual)
    - Neuropathy
    - Mild CKD



# Results of Tests/Labs

- Prior testing: ER visit x3 with normal CBC, Lipase, Trop, EKG, UA, US, CMP with Cr 1.6 GFR 65, VS normal. CT abd/pelvis w/ contrast normal except for large stool burden.
- Tests ordered on the first visit: Rectal exam and 2 view Xray.
- Results
  - Results of clean out sent home from ER: **Dismal**
  - Xray showed:

# Large Stool Burden: No Impaction

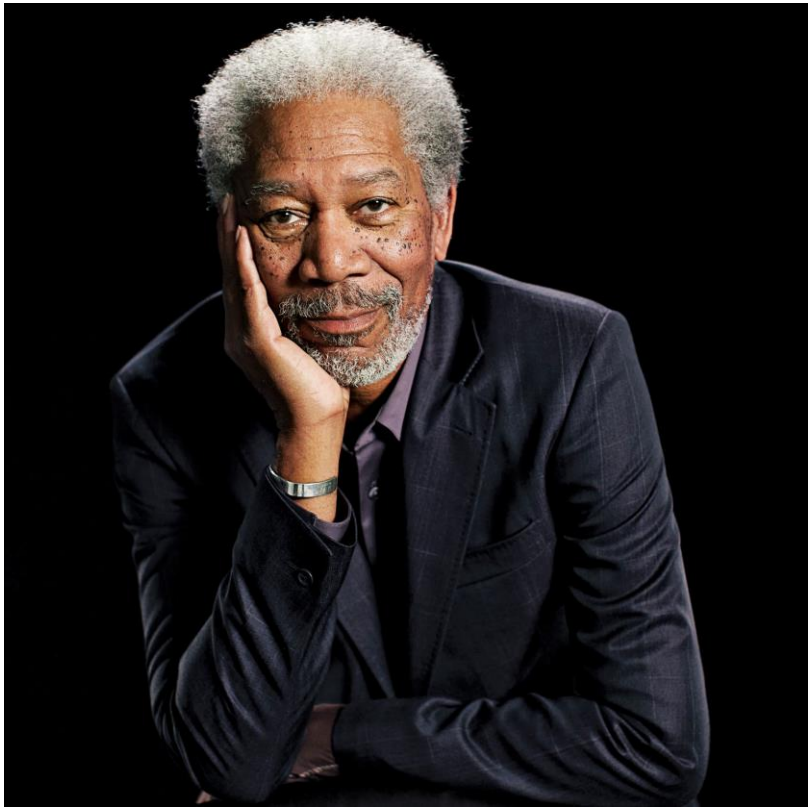


# Results of Tests/Labs

- He was given a trial of linaclotide with PEG daily at the first visit
- Results:
  - First stool is hard with straining, followed by several loose explosive stools
  - He had leakage of liquid stool several times a day after the initial stooling

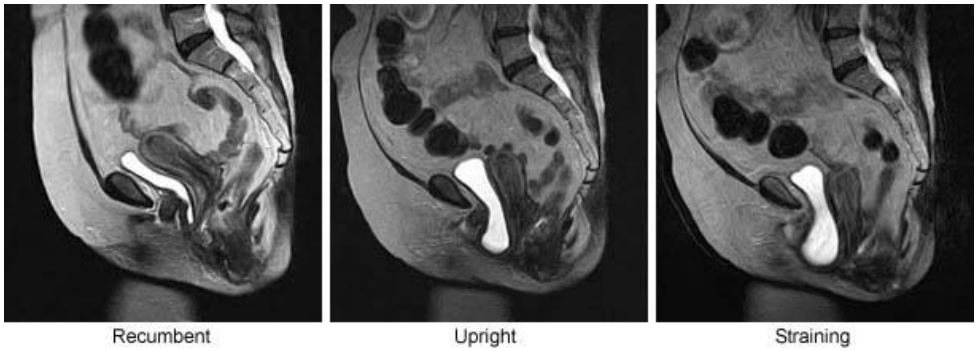
# Differential Diagnoses

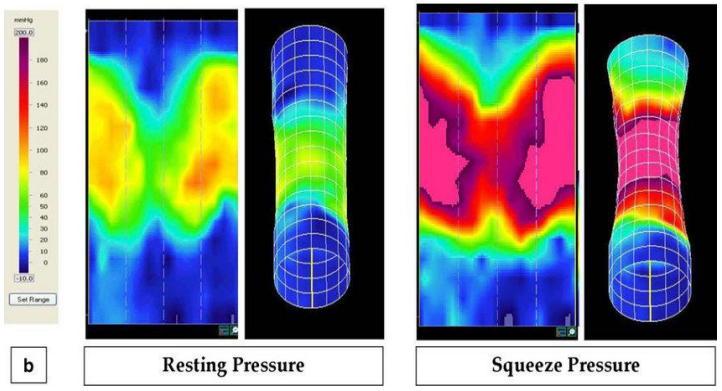
- Diabetic Enteropathy
- Colonic inertia vs IBS-C
- Anorectal dysfunction
  - Rectocele
  - Impaired sensation and/or muscle strength
  - Prolapse
  - Polyp/Hemorrhoid



# Results of Tests/Labs

- Tests ordered 2nd visit:
  - ARM
  - MR defecography
- Optimize bowel regimen
- Results
  - Abnormal sensation but normal sphincter control
  - Small ant rectocele with retained  fecal material in rectal vault after several attempts.
  - Bowel regimen results were similar to first attempt and patient now missing work



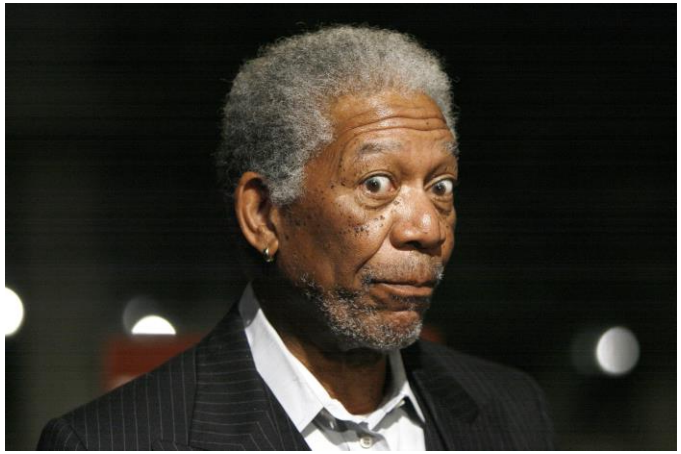



# Diagnosis

- What further workup options should be considered?
  - Full colonoscopy
  - Colon transit test
  - SBFT
  - Anoscopy

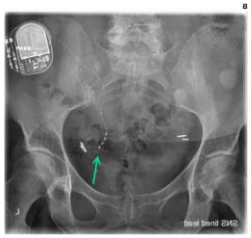
Final Diagnosis?

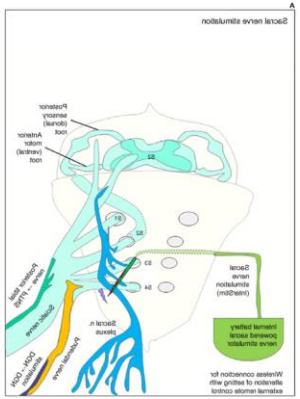
Diabetic Enteropathy causing slow transit constipation and anorectal dysfunction



# Treatment Options

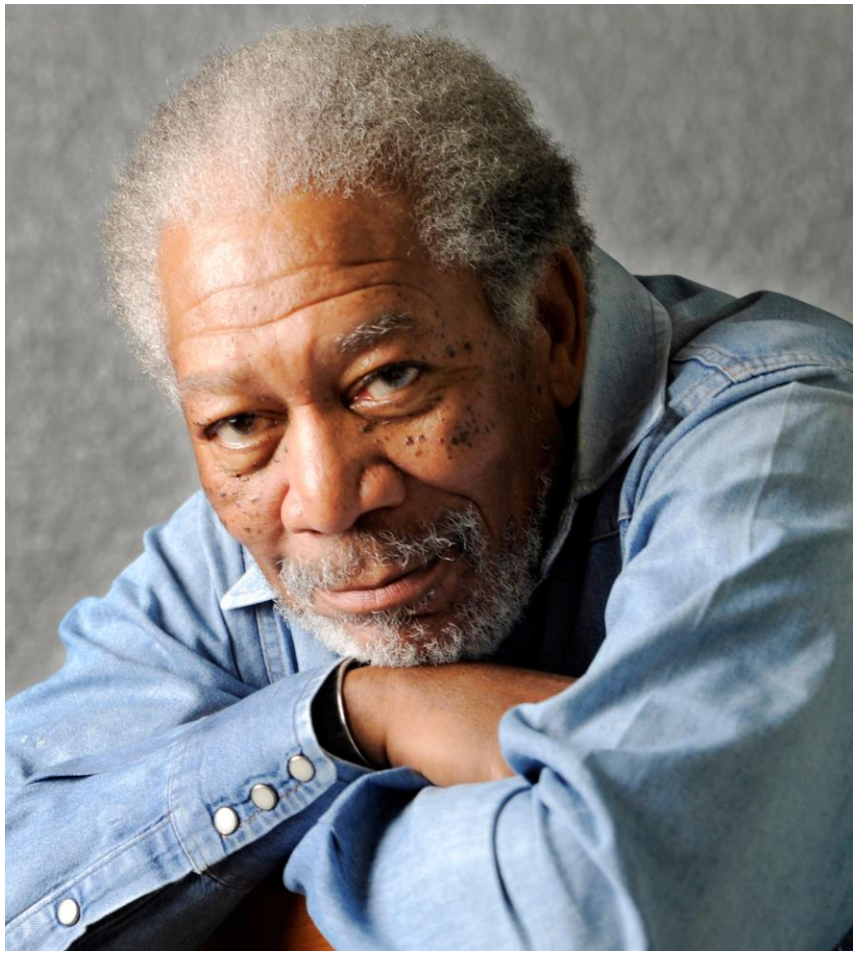
- What options are available for this patient?
  - Further manipulate the stool consistency and motility to help facilitate evacuation
  - Encourage excellent glucose management
  - Pelvic floor therapy
  - Surgical referral
  - Sacral nerve stimulator





# Patient Follow-Up

- What follow-up is necessary?
  - Education
    - Nature of condition and evolution
    - Alarm symptoms
    - Colorectal cancer screening at 40? or 45? or 50?
      - American Cancer Society
      - USPF
      - ACG
      - Insurance companies



# Christina, 27 Year Old Asian Female

- CC: Fecal Incontinence
- HPI: G2P2, 6 months PP with her 2nd child. Two traumatic vaginal births w/ large babies (>4000gm), episiotomy w/ 1st & forceps w/ 2nd. She weaned the 2nd recent & started weight loss plan to shed her baby weight using shakes & supps. Change in bowel pattern with 2-4 loose stools/day, accompanied by urgency & 2-3 episodes of fecal incontinence/day

# Christina, 27 Year Old Asian Female

- ROS:
  - G2P2A0
  - No major peri natal or post partum complications
  - Vaginal trauma repaired by OB at bedside. No infections
  - Mild pre-eclampsia w/ 1st pregnancy
  - No other medical or surgical history
  - VS normal
  - Denies voiding/urinary issues
  - Menses resumed this month, heavier than usual, no hormonal contraception

# Results of Tests/Labs

- No prior testing
- Standard post partum labs were unremarkable
- No laxation or anti-diarrheals
- Rectal exam was normal
- Denies other rectal trauma or surgeries
- Admits to doing 100s of Kegel’s daily to restore tone

# Differential Diagnoses

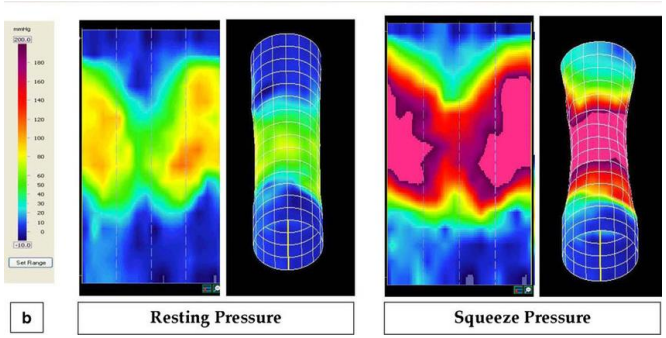
- Hormonal changes affecting bowel pattern
- Diet changes causing the stool consistency
- Sphincter damage causing insufficient tone and sensation

# Testing/Results

- Trial of diet moderation
- Avoiding lactose and whey based supplements
- Anorectal manometry

# Testing/Results

- Stool consistency & frequency improved with diet changes
- Continued to leak stool between bowel movements with continued urgency
- Manometry showed impaired sensation and poor sphincter pressures

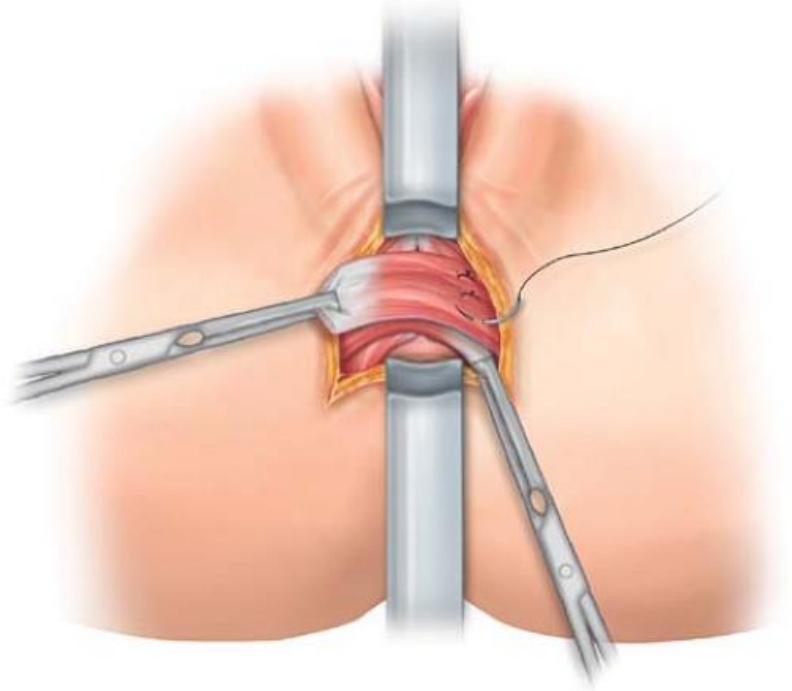


# Diagnosis

- Final diagnosis?
- Anorectal dysfunction
  - Caused by obstetric trauma
  - Further provoked by diet and hormonal changes

# Treatment Options

- Increased fiber/modulation of stool consistency
- Pelvic floor therapy
- CRC consult for over lapping sphincteroplasty



# Patient Follow-Up

- What follow up is necessary?
  - Further intervention?
  - Counseling therapy?
    - Psychologic strain
    - Functional strain
    - Depression
    - Social isolation
      - New baby
      - Incontinence